maintaining a register of medical practitioners. Persons possessing recognised medical qualification and fulfilling eligibility condition as prescribed by respective Universities are eligible for higher studies.

अखिल भारतीय आयुर्विज्ञान संस्थान में बेकार पड़ी आयातित मशीनें

2528. श्री राघवजी :
श्री एस०एस० कृष्णा :

क्या प्रधान मंत्री यह बताने की कृपा करेंगे कि :

(क) क्या सरकार का ध्यान 28 जुलाई, 1997 के "दि हिन्दुस्तान टाइम्स" में "इम्पोर्टेड मशीन्स लाइंग आइडल एट ए०आई०आई०एम०एस०" शीर्षक से प्रकाशित समाचार की ओर दिलाया गया है ;

(ख) यदि हां, तो इस पर सरकार की क्या प्रतिक्रिया है ;

(ग) गत तीन वर्षों के दौरान अखिल भारतीय आयुर्विज्ञान संस्थान में उपयोग किए जाने हेतु आयात की गई मशीनों का ब्यौरा क्या है और ये मशीनें किन-किन देशों से आयात की गई थीं और उनके आयात पर कितनी-कितनी धनराशि खर्च की गई थी ;

(घ) क्या मंत्रालय ने इन मशीनों के उपयोग/कार्योत्पादन के बारे में अथवा अन्यथा किसी स्तर पर समीक्षा की है; यदि नहीं तो उसके क्या कारण हैं; और

(ङ) क्या सरकार इन आयातित मशीनों को अव्यवहार्य अथवा बेकार घोषित करके उन्हें नई मशीनों से बदलेगी; यदि हां, तो कब तक ?

स्वास्थ्य और परिवार कल्याण मंत्रालय में राज्य मंत्री (श्रीमती रेणुका चौधरी) : (क) जी हां ।

(ख) संस्थान ने सूचित किया है कि लैब मैडिसिन विभाग के लिए संस्थान द्वारा आयातित केवल एक मशीन की संस्थापित किया जाना बाकी है ।

(ग) अपेक्षित सूचना एकत्र की जा रही है और राज्यसभा के पटल पर रख दी जायेगी ।

(घ) संस्थान एक स्वायत्त सांविधिक निकाय है और इसके विभिन्न विभाग अपने उपस्करों रख रखाव/समीक्षा के लिए जिम्मेदार हैं ।

(ङ) डीन की अध्यक्षता में एक स्थायी समिति है जो योजनेतर बजट के अंतर्गत खरीदने के रूप में नये उपस्करों के लिए विभागाध्यक्षों से प्राप्त मांगों की समीक्षा करती है ।

Scheme of Heart Care Foundation for poor Heart Patients

2529. SHRI AKHILESH DAS: Will the PRIME MINISTER be pleased to state:

(a) whether Government's attention has been drawn to the news-item published in the Hindu, dated the 28th July, 1997 to the effect that Heart Care Foundation of India has launched a scheme for patients of acute heart attack who cannot afford the high price of the life saving drugs; and

(b) if so, what are the salient features of the scheme and the details related to the patients treatment and reimbursement of the cost of the life saving drugs?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI RENUKA CHOWDHURY): (a) and (b) The information is being collected and will be laid on the table of the House

Contaminated Mineral Water

2530. SHRI DIPANKAR MUKHERJEE: Will the PRIME MINISTER be pleased to refer to answer to Unstarred Question 209 given in the Rajya Sabha on the 24th July, 1997 and state:

(a) whether Governments attention has been drawn to the news-item

captioned "Mineral Water a minefield of contamination" published in the Financial Express dated the 17th July, 1997;

(b) if so, Government's reaction thereto;

(c) the specific action plan to ensure quality of mineral water as per standard specifications, including the genuineness of the source;

(d) whether Bureau of Indian Standards has been approached for fixing standards and certification; and

(e) if not, the reasons therefor?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI RENUKA CHOWDHURY): (a) Yes, Sir.

(b) and (c) The standards for mineral water have been laid down under P.F.A. Rules, 1955. The State/U.T Governments check the quality of mineral water as per specifications laid down under P.F.A. Rules, 1995 from time to time. The Food(Health) authorities of the States/U.Ts have been asked to keep a vigil on quality of mineral water.

(d) and (e) The Bureau of Indian Standards has already formulated the specifications for mineral water.

Recommendations of Central Council of Health and Family Welfare

2531. SHRIMATI JAYANTI PATNAIK: Will the PRIME MINISTER be pleased to state:

(a) the number of meetings convened by the Central Council of Health and Family Welfare during the last three years;

(b) the details of recommendations made by the Council in regard to matters concerning health and family welfare;

(c) the steps taken by Government to implement their recommendations; and

(d) the progress made by different states in achieving the job of family welfare programmes set under the National Health Policy?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI RENUKA CHOWDHURY): (a) and (b) Two Conferences of Central Council of Health & Family Welfare, one in October 11-13, 1995 and the other in January, 8-10, 1997 were held during last three years.

The recommendations of the Fifth Conference of the Council interalia include:

(i) Implementation of the family welfare programmes on the basis of the Target Free Approach.

(ii) Exposure of the children in school going age to health education to promote healthy lifestyle and health hygiene.

(iii) Increasing the effective age of marriage and promotion of birth formation, education and communication in the community to delay the first birth.

(iv) Strengthening of primary secondary and tertiary health care delivery system.

(v) Modification of service rules in the Central and State Governments and in their undertakings to ensure that the two child norm is adopted by their employees.

Introduction of a Bill in Parliament for disqualifying persons with more than two children prospectively, from being elected to Parliament.

(vi) Development of epidemiological surveillance and support system to control the outbreak of diseases.

(vii) Various measures to control/eradicate communicable and non-communicable diseases like ma-